ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

	County	State
ı		or Village
i	City	
	2. Full name of child white Sall	If child is not yet named, make supplemental report, as directed.
	3. Sex of Child To be answered ONLY 4. Twin, triplet or other	
	8. FATHER	14. MOTHER
	Full name Trancisco Gallan	Full maiden namo Francisca Carbasal
.po	9. Residence (Usual place of abode) If non-resident, give place and state.	15. Residence (Usual place of abode)
ž		If non-resident, give place and state.
뷮	10. Color or race	16. Color or race
d A	mex 11. Age at last birthday 24 (Years)	17. Age at last birthday(Years)
ge.	12. Birthplace (city or place)	18. Birthplace (city or place)
ě	(State or country) () lpas	(State or country) Megico
	13. Occupation	19. Occupation
İ	Nature of Industry Lime Hiller	Nature of industry House Wife
	20. Number of children of this mother. (a) Born alive and now living. (b) Rorn alive but pow dead thalmis neonatorum.	
	(Taken as of time of birth of child herein certified and including this child). (b) Born slive but now dead thaiming neonatorum. (c) Stillborn	
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
	I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at m. on the date above stated.	
TOTAL	* When there was no attending physician or midwife, then the father, householder, Signature.	
5	etc. should make this return. A stillborn child is one that neither breathes nor	
5	(shows other evidence of life after birth.) Given name added from	(Physician or midwife).
Ī	a supplemental report Address	
4	Filed	u 10, 19 Le. C. Jorny
Registrar.		
ŕ	175-909-633	

С. С.

. PLACE OF BIRTH

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